

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

Form approved
Budget Bureau No. 4. 8-73

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other _____

2. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

3. NAME OF OPERATOR Stephen H. Kinney

4. ADDRESS OF OPERATOR 207 N. Orchard Farmington NM 87401

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 165/N; 1155/E

At top prod. interval reported below

At total depth

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.

I-89-1110-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Red Rimpert

9. WELL NO.

3.

10. FIELD AND POOL, OR WILDCAT

Hogback

11. SEC. T. R. M. OR BLOCK AND SURVEY OR AREA

580; T. 29N, R. 16W
N48W

12. COUNTY OR PARISH

SAN JUAN

13. STATE

N.M.

15. DATE SPUDDED

9/17/72

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

6/30/73 P.A.

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

5160

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

822

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

→

ROTARY TOOLS

X

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

NONE

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

NONE

27. WAS WELL CORED

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
		<u>NONE</u>		

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PREPARATION RECORD (Interval, size and number)

TOP DOG - 830 NONE

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
	<u>PERM</u>

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
	<u>NONE</u>	

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
			<u>→</u>				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		<u>→</u>					

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Stephen H. Kinney

TITLE

Operator

DATE

2/27/74

*(See Instructions and Spaces for Additional Data on Reverse Side)

